

# CT LTC-MAP 2017 Exercises

## Document / Photo Uploading Instructions

To be compliant with Centers for Medicare and Medicaid Services (CMS) Conditions of Participation (COPs), you will be required to provide documentation of your involvement for this exercise.

We are requesting that you provide photos of your:

- Command Center
- Intake / Triage Area
- Influx / Surge Area

*\*\*Pick your best 1-2 photos of each area\*\**

You will also be asked during the exercise to submit other documents.

**Please follow the instructions below for uploading your Photos and Documents:**

1. In **ONE (1) email** submit all your documents to [photos@mutualaidplan.org](mailto:photos@mutualaidplan.org)
  - a. Subject Line – Your Facility Name and Region Number
2. Attach the following:
  - a. All Photos (maximum of 6)
  - b. All documents requested in injects